

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/674190 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2							52						
3							53						
4							54						
5	1						55						
6							56						
7							57						
8							58						
9	1						59						
10							60						
11							61						
12							62						
13							63						
14	1						64						
15							65						
16							66						
17							67						
18	1						68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND	7						TOTAL IND						
TOTAL DEP							TOTAL DEP						
TOTAL CLAIMS	18						TOTAL CLAIMS						